



City of Chelsea
LICENSING COMMISSION

City Hall, 500 Broadway
Chelsea, MA 02150

Telephone: 617-466-4050

Fax: 617-466-4059

dclayman@chelseama.gov

Deborah A. Clayman
City Clerk

HACKNEY DRIVER LICENSE APPLICATION

(Use Pen Only - Print Clearly)

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No: _____ Telephone No: _____

Date/Birth: _____ Place/Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair: _____

Name of most recent employer: _____

Period Employed: From _____ To _____

Massachusetts driver's license number: _____

Massachusetts driver's license expiration date: _____

Have you been involved in any motor vehicle accidents in the last five years? _____ Yes _____ No

If yes, please give details:

Have you ever been convicted for violating any state or federal law?

Yes _____ No _____

If yes, explain: _____

Do you have outstanding parking tickets in the City of Chelsea?

_____ Yes _____ No

Do you owe outstanding excise tax in the City of Chelsea?

_____ Yes _____ No

If Hackney Driver License Application is approved and issued, I will drive for the following Chelsea taxicab operation company: _____

I understand that any false statement on this application will result in immediate revocation of the license that was issued or reason not to issue the same.

Applicant's Signature

Date

Return application to Deborah A. Clayman, City Clerk, City Hall, 500 Broadway, Room 209, Chelsea, MA 02150, with the following:

- 1) ATTACHMENT "A" (Police Department Approval/Denial Form);
- 2) ATTACHMENT "B" (CORI Request Form);
- 3) Certified copy of Registry of Motor Vehicle Driver's Record;
- 4) **Two (2)** passport size color photographs;
- 5) Photocopy of valid driver's license;
- 6) Application fee in the amount of \$25 (**check or money order only**), payable to the City of Chelsea (**not applicable for renewals**).
(Upon approval, you will be required to pay \$30 license fee.)

Revised: 01/13/2010

HACKNEY DRIVER
APPROVAL/DENIAL FORM

Date _____

Applicant's Name _____

Date/Birth _____ Social Security # _____

Driver's License # _____

New Applicant _____

Renewal Applicant _____

FOR OFFICE USE ONLY

_____ Approved

_____ Denied

Officer's Signature

Date

ATTACHMENT "A"



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City Clerk

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CORI REQUEST FORM

City of Chelsea Licensing Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of
Hackney Driver . I understand that a criminal record check will be
conducted for conviction and pending criminal case information only and that it will not necessarily
disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

Date

APPLICANT INFORMATION

(Please Print)

Last Name

First Name

Middle Name

Maiden Name or Alias (If Applicable)

Place of Birth

Date of Birth

Social Security Number
(Requested but not required)

Mother's Maiden Name

Current Address: _____

Former Addresses: _____

Sex ____ Height ____ Ft. ____ In. Weight ____ Eye Color ____

State Driver's License Number: _____

***The above information was verified by reviewing the following form of
government issued photographic identification: _____***

Requested by: _____
Signature of CORI Authorized Employee